Good afternoon ladies and gentlemen. Thank you for allowing me to appear before you.

My name is Matthew Whitehouse. I suffered an injury to my right shoulder on January 8, 2018. This was while I was moving a television for a customer of my employer. This was reported to my employer immediately, and it was never disputed that this was an injury that arose out of and in the course of my employment. The insurance company accepted this as a work related injury.

I was seen promptly for medical treatment, which included physical therapy. After seeing no significant benefits, an MRI was performed which showed a torn rotator cuff. My orthopedic surgeon at that point recommended surgery. I underwent rotator cuff repair on May 2, 2018. Following surgery, and initial recovery, I underwent physical therapy from July 2018 through October 2018. However, after 26 physical therapy sessions, with no significant relief, my orthopedic surgeon referred me for a 2nd opinion with a respected orthopedic surgeon with Orthopedic Associates of Hartford who specialized in treatment of the shoulder.

After the doctor reviewed an MRI taken in September, he opined that I needed further surgery to repair the torn rotator cuff as the first surgery was unsuccessful. The doctor then sought authorization for the surgery. That was the beginning of the delay in treatment and payments from the insurance company.

Despite the request for authorization for surgery, the claim representative refused to authorize that -- despite what I attorney advised me were regulations by the Workers' Compensation Commission that reasons for the denial must be given, and/or a "Form 43" being filed, none of that was done. Without any reason whatsoever the surgery was not authorized. Not only was I in significant pain, but most importantly I wanted to proceed with surgery so that I could return to work as soon as possible.

My attorneys continue to request authorization for the surgery, with no response. Therefore, they requested a hearing before the Workers' Compensation Commission. A hearing was held on December 27, 2018, and at that time, the attorneys for the insurance company advised that they felt there was a conflict between the reading of the MRI by the radiologist and by my orthopedic surgeon. They stated that they wanted a respondents medical exam. However, even as of that date, no appointment had been scheduled. The Commissioner was kind enough to state that he was going to reschedule the hearing in 2 weeks to make sure that either the surgery was authorized or they provide is some legitimate basis for not authorizing the surgery. In the meantime, not only did I continue in pain, but my checks would periodically not come on time with sometimes a week or more delay. My creditors did not accept that as an excuse for me not paying my bills on time.

True to his word, the Commissioner had the matter rescheduled for another hearing on January 9. By that time, the respondents had scheduled me to be to see a physician of their choice (respondents

medical exam) but that was not until February 7. In the meantime, I continued in significant pain and discomfort in my checks did not arrive timely.

I in fact saw the doctor that the insurance company wanted me to see, and just yesterday, I received a copy of the doctor's report and their Dr. agreed with mine that surgery was appropriate. I do not know whether the insurance company is now going to authorize the surgery.

As I have stated before, I have suffered throughout this time in significant pain and discomfort. I simply wanted to proceed with my doctors recommendations so that I could get better and return to work. Throughout this time, while the insurance company has continued to pay my benefits, it is only 75% of what I learned when I was working. My bills have fallen behind and I have gotten further into debt. All occasioned by the delays of the insurance company not only in not authorizing the surgery so I could return to work, but with delays in the payment of those benefits. As I stand before you, I have not received a check for my benefits since February 7.

The undue delays that I have suffered are immeasurable. I am told the Workers' Compensation system was designed to provide immediate and timely medical treatment and benefits to an injured worker like me. This has not been the case with my injury, and I have suffered financially, emotionally and physically, I have not been able to return to work because of those delays, and, with such a long time out of work, who knows if I employer will ever take me back to work.

Thank you for allowing me to appear before you.